

| POSITION                  | INITIALS           | ID NO.       | DATE            |
|---------------------------|--------------------|--------------|-----------------|
|                           | <i>[Signature]</i> |              | <i>06/12/00</i> |
| FEE DETERMINATION         |                    |              |                 |
| O.I.P.E. CLASSIFIER       |                    | <i>43</i>    | <i>6/15/00</i>  |
| FORMALITY REVIEW          | <i>M. M.</i>       | <i>71624</i> | <i>8-2-00</i>   |
| RESPONSE FORMALITY REVIEW |                    |              |                 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original  | Date |
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| 1     |       | <i>11</i> |      |
| 2     |       | <i>14</i> |      |
| 3     |       | <i>03</i> |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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